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Development of a Formalized Mentorship Program

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Running head: Development of a formalized mentorship program

Development of a Formalized Mentorship Program

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Abstract

The purpose of this project is to help increase retention of newly licensed registered nurses (NLRN) at a large community medical center. The medical center loses approximately 20 NLRNs per year which is costly for the medical center. The loss of NLRN can be attributed to decreased job satisfaction, poor nursing competence and lateral violence between the nursing staff. Evidence shows that mentorship is a proven, evidence-based approach to solving these issues and more (Hodgson & Scanlan, 2013).

Not only can mentorship help increase retention, address lateral violence, increase job satisfaction and nursing competence but, it can also help enhance NLRN nurses' professional and personal growth. A mentor can help guide the mentee into becoming more involved in the community medical center as well as promote professional development by encouraging the mentee into achieving higher levels of education and reaching for loftier career goals. The emotional support provided by the mentor helps to increase the confidence of the NLRN by bridging the gaps between preceptorship and patient care.

Literature shows that mentorship creates more unity within the unit thus increasing nursing competence which then leads to increased patient care (Jewell, 2013). The large medical center is interested in all of these factors and thus requested a formalized, standard, evidence-based nurse mentorship program to be implemented on all floors of the hospital. The Entry-level MSN CNL (EL-MSN CNL) student team conducted a quality improvement project to address these needs by developing a formalized mentorship program for newly licensed registered nurses at a large community medical center.

Development of a Formalized Mentorship Program

Statement of the Problem

Retention of newly licensed registered nurses (NLRN) is a huge issue at this large community medical center and across the United States. Approximately 35%-60% of nurses leave their first place of employment within one year of hire (Flinkman, Isopahkala-Bouret & Salanterä, 2013). This puts a tremendous burden on the medical centers as it causes losses in time-spent on training and financial losses due to the actual loss of the NLRNs. The loss per trained employee is approximately \$120,000, which can add up to as much as \$6.4 million in a large acute care hospital (Camp & Chappy, 2017). At this particular medical center, the goal of nursing leadership is to increase retention of NLRNs.

After conducting a review of the medical center employment data, it was indicated that the center lost approximately 14 nurses prior to completing 12 months of employment. Nursing leadership at the center stated the high turnover was slowly increasing annually as more nurses left the center before completing 12 months of employment. The review of the medical center and evidence-based literature indicated that, along with high turnover, medical centers and NLRNs additionally faced lateral violence, decrease of competency and lower rates of job satisfaction. A thorough analysis of the literature identified mentorship as a relatively easy and inexpensive solution to the needs addressed above.

The EL-MSN CNL student team conducted a quality improvement project to address the medical center's needs by developing a formalized mentorship program for newly licensed registered nurses at a large community medical center. The assessment phase was the initial and most time-consuming phase of the project. It was broken up into three main stages and was

completed by all members of the group. The group remained in constant contact while working collaboratively to address the needs of the large community medical center.

Rationale

After completing an extensive Root Cause Analysis, the problem identified there was no standardized mentorship program in place at the large community medical center. The purpose is to develop a standardized and formalized evidence-based approach nurse mentorship program to promote professional development and engagement, acquire skills necessary to achieve nursing competence, address lateral violence and increase retention rates and job satisfaction. The medical center reported low retention rates of first year NLRNs, poor nurse competency, decreased job satisfaction and high lateral violence rates. This confirmed the need for a formalized mentorship program at the large community medical center.

Literature Review

The literature review was conducted using CINAHL, google scholar and Pubmed search engine databases. The review was focused on retention rates and evidence-based practice that identified nurse mentorship as an effective solution to increase retention rates, job satisfaction, nurse competency and lateral violence. In order to narrow down the results of the literature review, Boolean operators and keywords were used. These keywords included, “nurse mentorship” and “lateral violence.” The literature review was limited to the last five years of sources and included meta-analyses, meta- syntheses, systematic reviews, and quasi experimental studies on the impact of mentorship programs of the aforementioned problems.

Several themes became apparent while conducting the literature review. These themes included higher retention of newly licensed registered nurses (NLRN), increased competency of

NLRNs, more effective recruitment of NLRNs, decreased lateral violence between nurses and increased job satisfaction of NLRNs. One common misconception that became apparent during the review was that mentorship was similar to, or the same as preceptorship. This prompted the EL-MSN CNL student team to effectively distinguish the differences between mentorship and preceptorship while presenting the mentorship program to the community medical center's nursing leadership.

Hodgson & Scanlan (2013) conducted a systematic meta-analysis to examine the current usage of the concept of mentoring. The team gathered data from over 70 articles found from multiple databases including: CINAHL, Scopus and Pubmed. The goal of the authors was to gain a better understanding of the importance of mentorship in today's healthcare system as well as to examine the concept of mentoring in nursing leadership as a whole (Hodgson & Scanlan, 2013). The team discovered that NLRNs oftentimes felt "overwhelmed" due to the expectations and responsibilities of the nursing role (Hodgson & Scanlan, 2013). In addition to this, the team determined the need of the nursing profession to "embrace" the concept of mentorship and to include it in their nursing practice. The article concluded by establishing that mentorship must be supported by the healthcare organization as a whole in order to not only retain NLRNs but to attract more NLRNs to their establishment. Hodgson & Scanlan (2013) went on to state in their article that mentorship is an "invaluable tool" and is critical for the future of the nursing profession.

Another systematic meta-analysis was conducted by Flinkman et. al (2013) to gain a better understanding of why new nurses leave the nursing profession so early in their careers. The authors conducted a longitudinal qualitative case study using an interpretive narrative method to gain insight into the nursing profession's high-turnover rate. They selected three

nurses from Finland to participate in the longitudinal study. The study determined that the high turnover rates could be attributed to the fact that nursing is “demanding, and the practice environment was not ideal in terms of nurse-patient ratios, rush, shift hours, working contracts, salary and general appreciation” (Flinkman et. al, 2013). They also found a correlation between the high turnover rates attributed to the lack of passion the NLRNs had for nursing as it was not a “childhood dream” of the NLRNs to become nurses in the first place. All of the NLRNs who participated in the study returned to academia in pursuit of other career choices. The study proposed that more in-depth research is needed to gain insight on this topic as the reasoning behind the high turnover rates is “complex” and in need of more in-depth studies.

A meta-synthesis review was conducted by Rush, Adamack, Gordon, Lilly & Janke (2012) to identify best practices of formal new graduate nurse transition programs. The authors used an integrative review of nursing literature that included over 47 articles pulled from databases including CINAHL, Embase and Pubmed. The team discovered a strong theme throughout the articles that further concluded that NLRNs highly benefit from having mentors. It was also discovered that the ideal mentorship program should be approximately nine months long and that mentors included in the program should have formal training prior to working with the mentees. The studies were inconclusive of how the ideal mentors would be chosen. The team found that mentorship is ideal in helping the NLRNs transition from new graduate nurses into highly confident and competent bedside nurses.

In a systematic meta-analysis conducted by Andrea Jewell (2013), the concept of what makes up a NLRN or a “novice nurse” was examined as well as what can affect a successful transition between novice to expert nursing practice. An extensive literature review was conducted using over 23 peer-reviewed articles and 11 databases including CINAHL, Proquest

Development of a formalized mentorship program 7

Nursing and Science Direct. The literature review conducted examined the importance of mentorship on retention of NLRNs but could not find a conclusive systematic mentorship program. It was discovered that each mentorship program needs to be formatted independently for each medical center as the program is dependent upon the financial resources, level of patient acuity, workload and availability of seasoned nurses to be mentors (Jewell, 2013). The literature review exposed the need for more research to be conducted on this topic but revealed the importance of mentorship programs, especially during the transition between novice to seasoned nurses. The study found mentorship to increase retention and recruitment for novice nurses and establishes more supportive work environments. It also found mentorship to even have a positive effect on patient outcomes as patient safety and care was more ultimately delivered by NLRNs who were involved with a nurse mentorship program (Jewell, 2013).

Tiew, Koh, Creedy & Tam (2017) conducted a quasi-experimental study to determine the effectiveness of a mentorship program from the graduate nurse perspective. The team developed a tool to determine the nurses' perceptions of a mentorship program as well as the effectiveness of the program itself. Tiew et. al (2017) found mentorship programs to have effective recruitment strategies as well as have a positive impact on retention, but were also "resource intensive". The tool was found to be an efficient way to measure mentorship programs but both the tool and mentorship itself needs more research to be done. The team also found the need for continuous feedback in terms of mentorship programs, in order to better adapt the programs to the medical centers needs and to be more productive.

A meta-synthesis by Villanueva (2015) was conducted to determine the effectiveness of mentorship programs for recruiting and retaining NLRNs. The author synthesized data from multiple peer-reviewed sources to gain a better understanding of mentorship and how to

implement it within a correctional facility. Villanueva determined mentorship to be an important factor in improving job satisfaction and turnover for NLRNs but also saw the need for more research on the impact of mentorship on nurse retention. Villanueva also deduced the reasoning behind NLRNs high turnover rates and used this information to make important informed decisions and recommendations for future nurse mentorship programs.

These studies illustrate the impact that nurse mentorship has on retention of NLRNs as well as increasing competency, job satisfaction and decreasing lateral violence. Many of the studies discussed the need for future research into the effectiveness of mentorship as well as the need for long-term longitudinal studies. Some of the studies hinted at the cost of mentorship but also discussed the savings mentorship brings into the medical facility as more resources are preserved by the increased retention of NLRNs.

Cost Analysis

Approximately 35%-60% of nurses leave their first place of employment after becoming a NLRN (Camp & Chappy, 2017). Each hospital loses approximately \$120,000 per nurse that leaves the medical center which can equal close to 6.4 million in lost revenues (Camp & Chappy, 2017). The large community medical center where this project was conducted was no different. This hospital loses approximately 20 NLRNs each year equaling about \$2.4 million in total annual losses (per HR). The community medical center also reported that the number of NLRNs that leave steadily increases each year.

As was evident in the literature review, nurse mentorship is a proven, effective way to increase retention of NLRNs and reduce high turnover rates. After implementation of the mentorship program at the community medical center, a cost-analysis will be conducted each

year to compare the amount of savings due to the increase of retention of NLRNs. Not only will the mentorship program save millions by reducing turnover rates, but the increased job satisfaction will positively affect patient care and lead to financial savings which will become more apparent after implementation of the program.

Clinical Microsystem Assessment

Purpose

One goal of this project is to help increase retention of newly licensed registered nurses (NLRN) at a large community medical center. This medical center loses approximately 20 NLRNs per year (per HR). The loss of NLRN can be attributed to decreased job satisfaction, poor nursing competence and lateral violence between the nursing staff. Evidence shows that mentorship is a proven, evidence-based approach to solving these issues and more. Not only can mentorship help increase retention, address lateral violence, increase job satisfaction and nursing competence but it can also help enhance the nurses' professional and personal growth. The mentor can help to guide the mentee into becoming more involved in the community medical center as well as promote professional development by encouraging the mentee into achieving higher levels of education and reaching for loftier career goals. The emotional support provided by the mentor helps to increase the confidence of the NLRN by bridging the gaps between preceptorship and patient care. Literature shows that mentorship creates more unity within the unit, thus increasing nursing competence which then leads to increased patient care (Jewell, 2013). The large medical center is interested in all of these factors and requested a formalized, standard, evidence-based nurse mentorship program to be implemented on all floors of the hospital.

Patients

The patients for this project were not specifically the clients within the community medical center but were instead the seasoned nurses and NLRNs. All registered nurses were invited to participate in the project. For all intents and purposes, all nurses within the community medical center were the focus of this mentorship project.

Professionals

The Clinical Nurse Leader (CNL) whom is also the Chief Nursing Officer of the large community medical center brought the EL-MSN CNL student team onboard for the assessment and implementation of the nurse mentorship project. The CNL provided support and expertise to the student team while giving the team full access to the medical center nursing staff. The Director of Education helped to rally the unit directors and nursing staff leaders behind the project and helped to aid the project along. The collaboration of the CNL, Director of Education, unit directors, nursing staff leaders and the nursing staff was essential to the project process.

Processes and Patterns

After some time, the team was able to deduce the easiest and most conducive forms of communication within the staff of the community center. For the Director of Education and the CNL, the best form of communication was mainly through emails and phone calls. The unit directors and nursing staff leaders were best reached through in-person interviews and in-person communications. The nursing staff interactions were mainly contained through their morning and evening huddles as to not interfere with their responsibilities. Human Resources was also best reached in person and through the Director of Education.

Timeline

The EL-MSN CNL student team began planning and communication with the CNL and Director of Education weeks before starting at the community medical center (see Appendix A). Communication was mainly through emails and phone calls in order to best determine the proper ways to correspond with nursing staff leaders. After initiation of contact with nursing staff leaders, the student team was able to determine when and how to make contact with the nursing staff of the medical center. The literature review and evidence-based research began approximately one month prior to assessment of the medical center. Assessment of the medical center were conducted over a two-week period. These assessments included key informant interviews with unit directors, the CNL and the Director of Education. Nursing staff interviews were conducted during morning and evening huddles. After completion of the interviews and assessments, the information, data and results were synthesized, then reported to unit directors and the Director of Education.

Expected Results

One purpose of this project was to help increase retention of NLRNs. The EL-MSN CNL student team gathered data from the nursing staff in order to assess for interest, thoughts and feelings towards the implementation of a nursing mentorship program. The team also interviewed NLRNs to gain insight into how mentorship programs are perceived and if mentorship is deemed useful. The data gathered by the team was reassuring and met the expectations of how a mentorship program could positively impact the large community medical center by increasing job satisfaction and nurse competency, improving retention rates of NLRNs and decreasing lateral violence.

Nursing Relevance

Mentorship can affect the nursing staff in many ways. First of all, mentorship promotes professional development and engagement. The mentor will work collaboratively to help guide the NLRN into obtaining higher education and becoming more engaged with mentorship and other programs at the Medical Center. Mentorship fosters and promotes nursing competence by building confidence and providing encouragement and support to the NLRN (Jewell, 2013). The mentor will also act as another resource by aiding in interprofessional communication and skill development. Mentorship will decrease lateral violence by creating a healthier work environment and by providing emotional and transitional support to the NLRN. Mentorship increases retention rates by creating a positive effect of competency, job satisfaction and decreasing lateral violence. This leads to increased loyalty of NLRNs to their coworkers, unit and medical center. Finally, mentorship increases job satisfaction (Jewell, 2013). Nurse mentorship builds healthy relationships that lead to a more positive work environment. The positive support of the mentor increases self-efficacy and self-confidence of the NLRN which creates increased job satisfaction.

CNL Relevance

It is essential that the mentorship project be championed by the CNL on site at the large community medical center. The CNL has the skills needed to assess the macrosystem of the medical center at large to identify the issues that mentorship will need to address. The CNL will also make use of the graduate level education by working as a risk anticipator and systems analyst by anticipating the needs of the nursing staff, leading the project into completion and engaging other nursing leaders to help increase commitment to the mentorship program. Increased commitment to the mentorship program will increase job satisfaction and retention rates, address lateral violence and promote NLRN competency. This in turn prevents

unnecessary costs due to NLRN turnover and promotes overall safety of the medical staff and increased patient care.

Summary Report

Assessment

The assessment phase was the most extensive phase of the mentorship project. The EL-MSN CNL student team surveyed a total of 141 nurses on multiple units (see Appendix B). The surveys were conducted during the morning and evening huddles to reduce interruptions of the nursing schedule. The EL-MSN CNL student team personally interviewed nine key informants including the CNL of the large community medical center, the Director of Education and the unit directors. The interviews were conducted to assess the level of interest in the mentorship program, potential barriers to the program and any other thoughts regarding the program (See Appendix C). Lastly, the EL-MSN CNL student team held a focus group over breakfast to assess the thoughts and needs of NLRNs within the medical center and their interpretation of an ideal mentorship program (See Appendix D).

Implementation

The EL-MSN CNL student team has a threefold plan for implementation of the mentorship program into the large community medical center. First, the plan is to introduce the program to the medical center. The introduction plan is to assess and help change the culture of the medical center by forming the mentorship program coordinator and the mentorship planning committee. Next, the plan is to integrate the mentorship program into the programs and clinical leader progression. The mentorship program will be combined with the NLRN program to enhance success of the NLRN and ensure continuation of the program. The formal mentorship program will also be integrated into the clinical ladder progression to guarantee participation of

the seasoned nursing staff and NLRNs. Finally, the last step of the mentorship program plan is to incentivize participation of the program by offering monetary benefits, social and networking opportunities within the medical center and establishing a meaningful recognition program for the NLRNs and mentors.

The literature review and nursing staff surveys recommended the formalized, standardized nurse mentorship program to be approximately six months long in conjunction with the NLRN preceptorship. The mentors will meet with the NLRN once per month to “check-in” and offer therapeutic psychosocial support to the new graduate nurses. The mentors must have at least three years of experience as a nurse and will receive formal training prior to the mentorship program. Unit directors and nursing staff leaders will recommend the potential mentors to be considered for the formalized training. Monthly meetings between the mentors and NLRN can occur both within and outside of the large community medical center with opportunities to be considered for the recognition program and other potential involvement with hospital sponsored activities.

Results

The EL-MSN CNL student team was pleased to have had the opportunity to conduct the assessment phase of the mentorship program at the large community medical center (See Appendix E). Of the total of 141 nurses that participated in the surveys, 71% were found to have five years or more experience as a registered nurse, 83% were 30 years of age or older, 62% were employed at the medical center for greater than five years and 66% believed in the importance of the mentorship program. This was heartening for the student team to see as the tenured staff were open to the possibility of a mentorship program. In fact, 83% of the nursing

staff felt the mentorship program would increase nursing competence, 62% agreed that it would increase retention rates and 51% thought it would be successful in decreasing lateral violence.

The assessment phase which included surveying and interviews, also identified several themes in regard to the mentorship program. All agreed to the need of a standardized, formal mentorship program with multiple orientations and formalized training for the mentors. The goals and expectations of the program needs to be identified early on for the success of the program to be ensured. Formalized, structured training of the mentors needs to be established and implemented as well as continuously regulated and evaluated for effectiveness. A common theme was that the mentor needs to be highly invested and have a strong desire to be a mentor in order for the mentorship to be a success. Potential barriers such as monetary incentives and resistance by tenured staff was identified but, the surveys demonstrated interest of the tenured staff in the program.

Evaluation

Multiple surveys will be given at the end of the mentorship program to evaluate for the effectiveness of the program. The mentorship program satisfaction survey will be administered to the mentors and NLRNs at the end of the program. The Casey-Fink Graduate Nurse Experience Survey and the Casey-Fink Nurse Retention Survey will be administered only to the NLRNs (Casey, Fink, Krugman & Propst , 2004).

The Casey-Fink Graduate Nurse Experience Survey will also be administered at the second week of the new graduate nurse training program at the large community medical center. This survey consists of five sections including: comfort and confidence, job satisfaction, skills and procedure performance and transition and demographic data. The Casey-Fink Nurse Retention Survey also consists of multiple sections including: job satisfaction, stressors

experienced by nurses, support, encouragement, work environment, professional development, mentoring and demographic data. The mentorship program satisfaction survey is used to assess for the success of the program as well as any needed improvements. The results of all the surveys will be continuously evaluated and utilized to improve upon the mentorship program and include any needed changes to increase the program's effectiveness.

Conclusion

While the nurse mentorship program was not immediately implemented into the large community medical center, the groundwork and plans for success were laid out for future cohorts for easy implementation. The assessment stage of the project was the most time-consuming but easily the ultimate informative step of the project process. Based on the assessment phase, multiple recommendations were made to the large community medical center as well as many plans for the future of the project.

The large community medical center understands the need for the project and is open to its implementation. The project champions, including the CNL and Director of Education, understand the helpfulness of the mentorship project of bringing the NLRNs from Novice to Expert (Benner, 2001). Even the tenured nurses of the medical center agree on the importance of the mentorship project and are willing to participate in the program.

As was evident in the surveys and literature review, the nurse mentorship program could possibly increase retention rates, job satisfaction, nurse competency and decrease lateral violence between the nursing staff. Nurse mentorship will foster a more positive, inclusive work environment which will reduce nursing turnover and help retain new graduate nurses. Nurse mentorship is a proven, effective way to make valuable, needed changes within a medical center that will ultimately save the hospital millions and positively affect patient care.

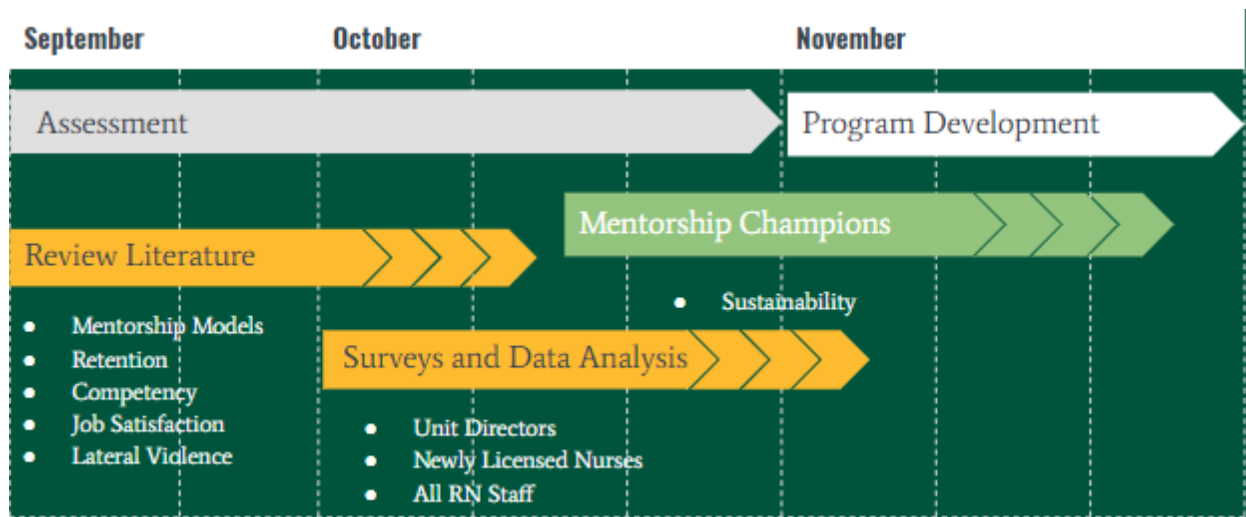
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Appendix A

Timeline



Appendix B

General Survey to Nursing Staff

St. Francis Medical Center Mentorship Program Survey for all Registered Nurses

Please use a pen for filling in your answers. Your answers provided will be anonymous and confidential.

1. General Questions

- 1.1 Which of the following describes your age?
 18 to 29 years old 50 to 59 years old
 30 to 39 years old 60 to 69 years old
 40 to 49 years old Over 70 years old
- 1.2 What is your gender?
 Female Nonbinary
 Male Prefer not to answer
- 1.3 How many years do you have practicing as a Registered Nurse?
 Less than 1 year 3 to 5 years
 1 to 2 years Over 5 years
- 1.4 What is your highest level of education attained in nursing?
 Diploma Nurse
 Associate Degree in Nursing
 Bachelor of Science in Nursing
 Master of Science in Nursing
 Advanced Practice / Doctorate / PhD
- 1.5 How many years have you worked at St. Francis Medical Center?
 Less than 1 year 3 to 5 years
 1 to 2 years Over 5 years
- 1.6 What is your primary unit at St. Francis Medical Center?
- 1.7 Are you currently in a nursing leadership role, such as Nursing Director, Manager, Charge Nurse?
 Yes
 No

2. Core Questions

- 2.1 How important is mentorship in your nursing practice?
 Very important
 Important
 Neutral
 Least important
 Not important
- 2.2 Would you be willing to mentor a new nurse in your unit?
 Yes Not Sure
 Possibly No

Appendix B Continued

2.3 Do you think a formal mentorship program for new nurses at St. Francis Medical Center will...

...increase retention rates of new nurses? Yes Not Sure

Possibly No

...increase job satisfaction? Yes Not Sure

Possibly No

...increase nursing competence? Yes Not Sure

Possibly No

...decrease lateral violence (bullying)? Yes Not Sure

Possibly No

2.4 In your opinion, how many years of nursing experience should a mentor have?

Less than 1 year

At least 1 year

2 years

3 years

4 years or more

2.5 How long should a formal mentorship program be?

3 months 1 years

6 months 1.5 years

9 months 2+ years

2.6 What would motivate you to participate as mentor?

2.7 What suggestions do you have on what would make a formal mentorship program successful at St. Francis Medical Center?

Thank you for your time!

Appendix C

Key Informant Interview Questions

Unit Director/ Manager Key Informant Interview Questions

Name : _____

Interviewed by: _____ Recorder: _____

Questions	Open Ended
Which unit do you manage?	
How long have you been managing this unit?	
How many Newly Licensed Registered Nurses (NLRN) does your unit currently have?	
In the last year, how many Newly Licensed Registered Nurses (NLRN) have left your unit?	
Does your unit currently have a formal or informal mentorship program?	
If so, can you please elaborate on the structure or program currently in place?	

Appendix C Continued

*Do you think having a mentor assigned to a Newly Licensed Registered Nurse (NLRN) can increase retention rates, job satisfaction, competency, and decrease lateral violence?

*Would you be in support of a formalized mentorship program for Newly Licensed Registered Nurses (NLRN) at SFMC?

*When establishing a mentorship program, what components do you think are critical to include in the program that are specific to your unit?

Appendix C Continued

*What barriers do you think will exist in implementing a mentorship program?

*Additional information... (Recommendations for Mentorship Champions?)

Appendix D

New Graduate (NLRN) Focus Group Breakfast Survey

Questions	Open Ended
What was your experience like under the New Grad program?	
What would you consider as an ideal mentorship?	
What are the gaps that you saw in the preceptorship program?	
How can mentorship fill in those gaps?	
Think back to when you just finished precepting and were on your own for the first time, what if you had a mentor to guide and support you? What could they support you with?	
Are you in support of having a mentorship program after the New Grad program ends?	
Is there anything else you would like to say or add to this topic?	

Appendix E

Survey and Interview Results

ALL NURSING STAFF SURVEY RESULTS (n:141)		CURRENTLY in NURSING LEADERSHIP	%	DO YOU THINK THAT A FORMAL MENTORSHIP PROGRAM WILL...	
		Yes	25.53%		
		No	74.47%		
		IMPORTANCE OF MENTORSHIP	%	Increase Retention Rates	%
AGE		Very Important	65.96%	Yes	62.12%
18-29	17.14%	Important	26.24%	Possibly	25.75%
30-39	26.43%	Neutral	7.09%	Not Sure	10.61%
40-49	30.00%	Least Important	0.71%	No	1.52%
50-59	15.00%				
60-69	11.43%				
GENDER		WILLING TO MENTOR A NEW NURSE	%	Increase Job Satisfaction	%
Male	24.82%	Yes	52.14%	Yes	62.12%
Female	75.18%	Possibly	25.71%	Possibly	25.00%
YEARS as RN		Not Sure	13.57%	Not Sure	10.61%
< 1	5.76%	No	8.57%	No	2.27%
1 to 2 years	11.51%				
3-5 years	11.51%	REQUIRED EXPERIENCE OF A MENTOR	%	Increase Job Competence	%
> 5 years	71.22%	<1 year	2.27%	Yes	83.46%
LEVEL OF EDUCATION in NURSING		at least 1 year	9.09%	Possibly	12.03%
ADN	21.28%	2 years	18.94%	Not Sure	2.26%
BSN	68.79%	3 years	13.64%	No	2.26%
MSN	9.22%	4 years +	56.06%		
AP	0.71%				
EMPLOYMENT		LENGTH OF A MENTORSHIP	%	Decrease Lateral Violence	%
< 1 year	19.29%	3 months	29.23%	Yes	51.16%
1-2 years	11.43%	6 months	44.62%	Possibly	31.78%
3-5 years	7.14%	9 months	6.15%	Not Sure	13.95%
> 5 years	62.14%	1 year	16.15%	No	3.10%
		18 months	0.77%		
		2 years +	3.08%		

Appendix E Continued

MAJOR THEMES IDENTIFIED

Key Informant Interviews (n=9)

- ❖ Expectations and Goals of Program
- ❖ Culture Change
- ❖ Relationships and Cohesiveness
- ❖ Compensation & Incentives
- ❖ Commitment from Leadership/ Union

General Survey Open-Ended Questions (n=141)

- ❖ Desire to Mentor / Training for Mentors
- ❖ Expectations and Goals of Program
- ❖ Compensation & Incentives
- ❖ Commitment from Leadership/ Union
- ❖ Relationships and Cohesiveness

NLRN Focus Group (n=3)

- ❖ Expectations & Goals of Program
- ❖ Desire to Mentor / Training for Mentors
- ❖ Psychosocial Support/ Communication
- ❖ Introspective Reflection & Growth
- ❖ Relationships and Cohesiveness